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Recommendation for funding from other resources without a recommendation for funding from regular resources

Gulf Area subregional programme

Summary

The Executive Director presents the a recommendation for funding from other resources for the Gulf Area subregional programme covering Bahrain, Kuwait, Qatar, Saudi Arabia and United Arab Emirates. The Executive Director recommends that the Executive Board approve funding from other resources in the amount of $8,790,000 for the period 2004 to 2006, subject to the availability of specific-purpose contributions.

The situation of children and women

1. The traditional way of life in the Gulf countries[1] has changed permanently during recent decades due to a rapid modernization process that was compressed into just a few decades and which put great stress on these societies. Out of the total Gulf population of 25.7 million, about 11.5 million (45 per cent) are below the age of 18 years, reflecting the high overall annual population growth rate of 3.5 per cent. The vast majority of the Gulf population lives in Saudi Arabia, with a total population of about 20 million and a child population of 9.6 million. One third of the Gulf population is estimated to be expatriate. In Qatar and United Arab Emirates, expatriates make up approximately 80 per cent of the population. The high rates of gross national income (GNI) per capita in the Gulf area, ranging from

* E/ICEF/2003/11.

[1] For the purpose of the present report, the Gulf countries include Bahrain, Kuwait, Qatar, Saudi Arabia and United Arab Emirates.

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$7,230 in Saudi Arabia to $18,030 in Kuwait, stem principally from the region's massive energy deposits. However, oil production is expected to diminish sharply in some Gulf countries over the coming 25 years, which underlines the importance of diversifying their economies and implementing structural reforms.

2. All Gulf countries have made outstanding improvements in social development over recent decades. Their under-five mortality rates (U5MRs) range from as low as 9 per 1,000 live births in Kuwait to 28 in Saudi Arabia. However, major disparities in U5MR exist, especially within Saudi Arabia. Leading causes of death are conditions in the perinatal period, which are correlated with the age and educational level of the mother and the interval between births, according to the 1997 Gulf Family Health Survey. Maternal mortality ratios are estimated to be well below 50 per 100,000 live births in all Gulf countries. Immunization coverage rates for children living in the Gulf countries have remained well above 90 per cent for all antigens for several years.

3. Malnutrition rates are generally higher than what would be expected given the high GNI per capita levels. The causes include anaemia and other chronic nutrition deficiencies in all countries, but most notably in Kuwait, Saudi Arabia and United Arab Emirates. The Gulf Family Health Survey noted decreasing rates of exclusive breastfeeding and poor complementary feeding and bottle-feeding practices, especially in Kuwait and Qatar. Additional studies are required to understand better these caring and feeding practices.

4. The official number of recorded cases of HIV/AIDS is low in the Gulf Area, with Saudi Arabia reporting only 80-90 new cases per year and an estimated prevalence rate of only 0.02 per cent. The 2000 multiple indicator cluster survey (MICS) for Bahrain disclosed that 75 per cent of Bahraini women aged 15-45 years knew one method of protection against HIV/AIDS, but only 7 per cent knew of three methods of protection. The Saudi Government has shown a growing understanding of the urgent need to take preventive measures and has approved a ministerial plan for combating HIV/AIDS. The rate of contraceptive prevalence reveals a diverse picture, with quite low levels in Saudi Arabia and United Arab Emirates and a high level in Bahrain. The age-specific fertility rates for adolescent girls aged 15-19 years support this picture, with rather high rates in Saudi Arabia and United Arab Emirates and a very low rate in Bahrain. Thus, there is a strong need to raise awareness in the Gulf countries of reproductive health and HIV/AIDS issues, with a particular focus on young people.

5. Net primary school enrolment rates range from close to 100 per cent for boys and girls in Bahrain and United Arab Emirates, to 81per cent for boys and 73per cent for girls in Saudi Arabia. The lower figure in Saudi Arabia possibly may be linked to the fact that primary education is not yet compulsory. Over 90 per cent of primary-school children reach grade five in all Gulf countries. However, there are questions about the quality of educational services and whether access to basic education is equitable, especially for girls. School curricula do not match the level of development achieved in the Gulf. The great disparity in pre-school enrolment rates, with Kuwait reporting a high rate of 99 per cent and Saudi Arabia a rate as low as 9 per cent, is a reflection of policy differences. Not enough is known about the quality of pre-school programmes, but there is significant room for improvement, for example in Bahrain. Many young children are educated at home

by expatriate nannies and maids, but there are no studies on the effect of different languages on the quality of communication and on early stimulation of children.

6. At various levels, both within the Governments and in society at large, there is growing awareness about child abuse and family violence. However, there is a lack of hard data and mechanisms to address or refer victims of abuse. Although legal protection is ensured in several Gulf countries, in some cases the laws are outdated or are not enforced in a coherent manner. According to the Bahraini MICS, 5.5 per cent of Bahraini children aged 5-15 years hold paying jobs, while 0.5 per cent does unpaid work outside the family. Little is known about child labour in the other Gulf countries. Trafficking of children as camel jockeys has taken place in the whole Gulf Area, but by now either has been outlawed or condemned in all countries.

7. Adolescents are a relatively neglected population group in the Gulf countries, as confirmed by the lack of relevant data and studies. The ages of criminal responsibility and of marriage still give rise to legal and policy provisions that contradict the Convention on the Rights of the Child. Adolescents are passive players in schools and communities, and are not given opportunities for assessing their own problems and finding solutions accordingly. There are few opportunities for out-of-school activities, particularly for adolescent girls. Adolescents, especially girls, thus enter young adulthood with inadequate life skills, scarce options for gainful employment and minimal opportunities for self-expression. There are visible trends of young people adopting unhealthy and irresponsible life styles, as demonstrated by their increasing rates of drug abuse and HIV/AIDS prevalence.

8. The Committee on the Rights of the Child has highlighted a number of issues to each of the Gulf countries in response to their national reports. Several recommendations apply to most of the Gulf countries, including the need to review legislation, regulations and implementation of programmes; establish independent national human rights institutions to monitor and evaluate progress in the implementation of the Convention on the Rights of the Child; raise awareness about the Convention and involve civil society in its implementation; better address adolescents' health problems; improve data-collection systems to provide disaggregated data, including for the most vulnerable groups; review school curricula; and improve respect for children's rights to protection. Concerns have been raised about child abuse, the minimum ages of marriage and of criminal responsibility and the right to a name and nationality. Efforts have been made by the Gulf countries to respond to these concerns. Saudi Arabia, for example, is reviewing how to ensure children's rights to a name and nationality, family care, participation and protection through minimum ages of responsibility that correspond with the Convention.

Key results and lessons learned from previous cooperation, 2001-2003

Key results achieved

9. Until the mid-1980s, the principal focus of the UNICEF cooperation in the Gulf countries was to improve the situation of children through the use of traditional strategies of service delivery, capacity-building and advocacy. From the mid-1980s to the late 1990s, service delivery was de-emphasized. Financial and technical support for studies and surveys, as well as capacity-building in the areas of health,

education and child rights, became more prominent. During 2001 and 2002, activities centred on monitoring the situation of children, advocacy, planning, fund-raising and building and strengthening partnerships, in addition to a limited number of strategic programming activities. The 2003 programme of cooperation strengthened interventions in the areas of advocacy for the Convention on the Rights of the Child, early childhood care and development (ECCD) and young people's development and participation.

10. The preparation of situation analyses by five national teams under the auspices of the five National Childhood Councils/Commissions is a major result of UNICEF cooperation. The Social Research Centre of the American University in Cairo facilitated a participatory process. This has ensured strong ownership among the national Councils/Commissions, and a strong partnership around children. The Gulf Cooperation Council (GCC) will launch the situation analyses, which have been important tools for the development of the 2004-2006 programme and will also guide national planning.

11. UNICEF has greatly contributed to putting the issue of child abuse on the national agendas. In October 2001, a national medical conference on the code of honour, attended by 400 medical doctors from all parts of Saudi Arabia, was used as an opportunity to introduce the subject, and 14 papers on various forms of child abuse were discussed. In November 2001, a major regional workshop was held in Bahrain on the protection of children from abuse and neglect. In May 2003, UNICEF presented a paper on child abuse at a national symposium in Riyadh. UNICEF has successfully advocated for a legal ban on the use of children as camel jockeys, especially in Saudi Arabia and United Arab Emirates. These efforts were based partially on the concluding observations of the Committee on the Rights of the Child. In United Arab Emirates, an Emiri (Royal) Decree was issued banning the use of child camel jockeys in 2002, and in Saudi Arabia, the Crown Prince has introduced regulations on the age of participation as camel jockeys, effectively excluding the use of children. During the fall of 2003, a workshop on how to strengthen the application of the Convention on the Rights of the Child in the Gulf countries will be held in Qatar.

12. UNICEF has supported the "Baby-Friendly" Hospital Initiative with great success. During 2002, six hospitals in Saudi Arabia were certified, as well as two in United Arab Emirates, making all 12 hospitals in that country "baby-friendly". UNICEF was also instrumental in promoting breastfeeding during 2001-2002 through support for training on lactation management and breastfeeding counselling (Qatar and Saudi Arabia); training related to breastmilk substitutes (in all five Gulf countries); training of trainers (Qatar); the development of promotion programmes for breastfeeding (Qatar); and "breastfeeding weeks" (all Gulf countries).

13. UNICEF played a key role in launching the concepts of ECCD and drawing attention to the scope that exists for improving the quality of education. The University of Toronto assisted in organizing two, five-day, Gulf-wide consultations on these subjects, one in Dubai in November 2002 and another in Riyadh in January 2003. The ECCD consultation, with the participation of 21 high officials, emphasized the importance of a good start to life and methods of early development, care and safe environment for physically healthy, mentally alert, emotionally secure, socially competent and able-to-learn children. A follow-up conference on ECCD will be held in Riyadh in the fall of 2003. The consultation on the quality of

education presented current trends including "child-friendly" classrooms, global education and life skills. Participants emphasized the need to develop curricula and materials that are relevant to local situations, and made suggestions and recommendations for future collaboration.

14. UNICEF has also played an important role in raising awareness about HIV/AIDS among policy makers in the Gulf area during the last two years. A United Nations AIDS theme group was established in Saudi Arabia in late 2002, co-chaired by the Ministry of Health and UNICEF, with the participation of the Saudi Ministries of Health, Information, Social Affairs, and Education, as well as a number of United Nations agencies. During 2003, UNICEF will provide technical support to a Gulf-wide youth survey to be implemented through the executive office of the Gulf Ministers of Education.

15. UNICEF has also been involved in leveraging resources for children with government partners, development funds and the private sector. Partnerships with non-governmental organizations and the private sector that were reactivated over the past few years have begun to bear fruit, with the Dubai Chamber of Commerce and Industry undertaking a major fund-raising campaign for UNICEF and for Red Crescent health programmes in Afghanistan and Palestine, and for the UNICEF Gulf Area programme. The Arab Gulf Programme for United Nations Development Organizations (AGFUND) continued to support UNICEF programmes worldwide, including recent donations for emergency interventions in Afghanistan, Iraq and the Occupied Palestinian Territory. In 2002, the Government of Kuwait donated $450,000 for United Nations emergency assistance in Afghanistan. Late 2002 saw the naming of the first Gulf Goodwill Ambassador, Suad Abdullah, a famous Kuwaiti actress. She has contributed to fund-raising efforts and undertaken advocacy for new UNICEF initiatives.

Lessons learned

16. Despite its very small presence in the Gulf countries over the last decade, UNICEF has demonstrated that it can have a strong impact by acting as a catalyst, focusing on a limited number of interventions and working with central government structures to improve the situation of children. Key to these efforts has been advocacy, awareness-raising, exchange of experiences and policy development. In particular, the 2003 programme played an important role in this respect. UNICEF must continue to mobilize action and resources from Governments, other donors and civil society and also build on what the Gulf countries have in common — availability of resources and a well-developed basic social infrastructure, including services benefiting children and women.

17. Duplication of efforts due to lack of cross-sectoral coordination has limited the impact of interventions. The mandates of the recently established National Childhood Councils/Commissions in each Gulf country can make a significant difference in this respect. Strengthening their capacities for policy development, programme planning, coordination and implementation will ensure ownership, better impact, cost-efficiency and long-term sustainability of programmes for children.

18. Positive changes in the Gulf societies, coupled with a rights-based approach, have made it easier for UNICEF to advocate for interventions in new areas. Through fact-based and well-documented advocacy, it has been possible to create partnerships around emerging concerns. Such opportunities for UNICEF to help

articulate the claims of vulnerable or excluded children and to advocate for the fulfilment of their rights will be exploited further in the new programme.

19. An important entry point for fund-raising in the Gulf Area is high-quality UNICEF programmes, which may generate more funds not only for the children of the Gulf countries but for children elsewhere. The programmatic foundation that has been laid in recent years should open up more opportunities for fund-raising.

The subregional programme, 2004-2006

F timated expenditure
(in thousands of United States dollars)

	Other resources
Advocacy and monitoring of the Convention on the Rights of the Child	1 851
Early childhood care and development	1 955
Young people's development and participation	2 260
Cross-sectoral costs	2 724
Total	**8 790**

Preparation process

20. UNICEF and its partners have been preparing the 2004-2006 programme of cooperation since 2001, when the situation analyses were initiated. Following consultations at the country level in June 2001, the National Childhood Councils/Commissions assumed ownership of the situation analyses. Five national working groups were formed to review the draft situation analyses and their programmatic implications. Broad programme priorities thus were identified to guide the preparation of the 2003 programme and the present 2004-2006 programme. Bahrain, Qatar and Saudi Arabia played leading roles, and Kuwait and United Arab Emirates, whose National Childhood Councils/Commissions were established only in 2001, are in the process of catching up. In April 2003, the American University in Cairo hosted a strategy meeting that had a high level of participation from the Gulf countries, as well as participants from the UNICEF offices in Oman and Saudi Arabia, and the regional office. The GCC Secretariat General also has been active in this process and has committed itself to promoting a Gulf-wide strategy for children based on issues of common interest extracted from the five situation analyses.

Goals, key results and strategies

21. The overall goal of the 2004-2006 programme of cooperation is to support the Gulf countries in promoting and ensuring the full realization of the rights of children and young people. The similarities between the Gulf countries, their common national priorities and outcome recommendations from the situation analyses favour the employment of Gulf-wide programme strategies. At the same time, country-specific interventions and strategies will be pursued to respond to local conditions in each country. The programme will support: (a) the development of laws, policies and actions that conform to the Convention on the Rights of the Child; (b)

enhancing the development of children to their full potential, making them capable of living healthy and active lives, and giving them access to quality learning opportunities; and (c) strengthening the participation and empowerment of young people so that they can take part in decisions affecting their own lives and be better prepared for adulthood.

22. Expected key results of the programme of cooperation will be:

(a) The establishment of a core set of country-specific indicators for child rights;

(b) Introduction of *Child Info* in three of the five Gulf countries;

(c) The establishment of a minimum set of country-specific indicators for violations of children's protection rights;

(d) Improved legislation, policies and guidelines for the protection of children;

(e) An increased percentage of parents and teachers with precise knowledge of a number of key child rights;

(f) The adoption or improvement of policies fostering ECCD;

(g) The adoption of policies on breastfeeding and nutrition that are in line with latest World Health Organization guidelines;

(h) An increased percentage of caregivers who have precise knowledge of eight identified early child-care practices;

(i) Revised pre-school curricula in three of the five Gulf countries;

(j) Revised primary-school curricula for grades 1-2 in three of the five Gulf countries;

(k) Revised secondary-school curricula, including the introduction of life skills and civic education, in three of the five Gulf countries;

(l) Improved legislation, policies and guidelines for adolescents in three of the five Gulf countries;

(m) An increased percentage of adolescents who have precise knowledge of a number of key messages on life-style issues;

(n) An increased percentage of parents, teachers and decision makers who can cite a number of key messages regarding adolescents' rights;

(o) Improved attitudes land behaviour vis-à-vis adolescents;

(p) Improved opportunities for adolescent participation.

23. The programme of cooperation will consist of three programmes: (a) advocacy and monitoring of the Convention on the Rights of the Child; (b) ECCD; and (c) young people's development and participation. The first programme is cross-cutting and covers children of all age groups, while the other two focus on early childhood and young people, respectively.

24. The Convention on the Rights of the Child provides the overall basic framework for UNICEF support. Building on lessons learned, UNICEF will strengthen its catalytic role and put key issues on national agendas. Capacity-

building at central levels will be pursued through training and international expertise. National Childhood Councils/Commissions and other institutions will be empowered to coordinate the development and implementation of relevant legislation and policies. The programme of cooperation will focus on a limited number of key interventions in strategic areas based on the momentum attained in recent years, the findings of the situation analyses and the comparative advantage of UNICEF, which will promote the piloting of innovative approaches in these strategic areas. The sharing of best practices among Gulf countries will be used to illustrate results from such innovative approaches.

25. Monitoring and knowledge generation will be another important Gulf-wide strategy. This will improve understanding of the nature and magnitude of problems facing children and facilitate monitoring of basic indicators on children. The ongoing process of updating the situation analyses forms a vital part of this strategy.

26. Fund-raising strategies will be developed to sustain and enhance activities undertaken by UNICEF in the Gulf countries and elsewhere. Current and potential alliances with the Governments, development funds and the private sector will be strengthened. Fund-raising strategies will be complemented by advocating for increased national resource allocations for children in the Gulf area.

Relationship to national priorities and the UNDAF

27. The process of preparing the five situation analyses has created a strong momentum towards national priorities for children and they are viewed as essential tools for realistic planning and programming - Gulf-wide, nationally and with UNICEF. Qatar, for example, is in the process of formulating a National Strategy for Children, using the situation analysis as a planning tool. This strong linkage between the situation analyses and national policies and programmes will ensure consistency and coherence in goals, strategies and key results. The programme also corresponds well with objectives and strategies in existing plans, such as the Saudi 2001-2005 National Development Plan, which focuses on enhancement of public sector performance and national capacity-building for sustainable social and economic development, with particular emphasis on the need of further development in education and health.

28. As this is a short-duration programme, harmonization of the time frame with the Common Country Assessments (CCA) and United Nations Development Assistance Frameworks (UNDAF) does not apply, although where possible, the priorities have been harmonized. In Bahrain, two members of the government team working on the situation analysis are also working on the CCA. In Saudi Arabia, a CCA/UNDAF process has been initiated, and UNICEF is pursuing coherence of its goals and objectives with those of its own programme.

Relationship to international priorities

29. The proposed programme will contribute to the Millennium Development Goals of protecting the vulnerable, reducing child mortality, achieving universal primary education, promoting gender equality and empowering women, and combating HIV/AIDS. The programme will also contribute to the goals of *A World Fit For Children* of protection against abuse, exploitation and violence, promoting healthy lives, providing quality education and combating HIV/AIDS. The priorities of the UNICEF medium-term strategic plan for integrated early childhood

development and girls' education will be addressed through the ECCD programme. The priority of fighting HIV/AIDS and the regional priority of adolescent development and participation will be addressed through the young people's development and participation programme, and the priority of protection of children from violence, abuse, exploitation and discrimination will be addressed through the child protection project.

Programme components

30. The **advocacy and monitoring of the Convention on the Rights of the Child** programme will support and supplement the other two programmes through three projects. The *policy and institutional support* project will strengthen the institutional capacities of the National Childhood Commissions/Councils so that they become centres of knowledge and networking that can monitor trends in child indicators; advocate for children; develop and implement policies; help prepare reports to the Committee on the Rights of the Child; and plan follow-up to the Committee's recommendations. The project will also assist in the adoption/improvement of legislation in key areas in line with the Convention on the Rights of the Child. The *advocacy, monitoring and knowledge base* project will assist in improving national child-rights monitoring systems, including *ChildInfo*. Areas for which the information base is weak, including gender- and age-disaggregated data, are adolescents and youth, early child-rearing practices, psychosocial and cognitive health, child abuse and HIV/AIDS. Specific studies and surveys will be supported for updating the situation analyses. Partnerships with the media will be strengthened for advocacy purposes. This will facilitate implementation of the Convention and result in an increased percentage of parents and teachers having precise knowledge of a number of key child rights. In all five Gulf countries, the *child protection* project will promote specific issues related to the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women by reviewing existing laws and policies related to child abuse (including detection mechanisms and the development of referral systems for counselling and rehabilitation), minimum ages of marriage and criminal responsibility, the age of majority, and the right to a name and nationality. In Qatar, a minimum age for employment will be promoted. The project will draw on experiences in Bahrain in using television to raise awareness about crucial child protection issues. This project will also aim to strengthen the capacities of key institutions to assess, analyse and address specific violations of child protection rights.

31. The **ECCD** programme, which consists of two projects and targets children 0-8 years of age, will address the need to improve key child-care practices, improve access to and quality of pre-school education, and improve the quality of education in the first two grades of primary school. The programme will promote an integrated approach to ECCD by reinforcing linkages between health, nutrition, education and psychosocial aspects.

32. The *better parenting and integrated management of childhood illness (IMCI)* project will support an integrated approach to child care by addressing key child-care practices related to exclusive and complementary breastfeeding (especially in Kuwait and Qatar), protein-energy malnutrition (Kuwait and Saudi Arabia), anaemia, micronutrients, psychosocial development and child abuse. In Saudi Arabia, support will be given to the National Breastfeeding Committee. Caregivers will be targeted through media campaigns to improve their knowledge, attitudes and

behaviour. UNICEF will also promote the improvement of legislation, policies and guidelines for ECCD and IMCI. The project will aim to increase the percentage of caregivers with precise knowledge of eight identified key early child-care practices by the end of 2006, and promote the adoption or improvement of policies for ECCD and breastfeeding and nutrition policies that are in line with latest WHO guidelines.

33. The *pre-school/quality education* project will promote improved access to and quality of pre-schools and improved quality of primary education. The project will also advocate the extension of compulsory primary education to all Gulf countries. Support will be given to curriculum development, including the introduction of global and quality education concepts. The "child-friendly" school concept will be promoted, as will methodologies to ensure and monitor learning achievements. Based on the high pre-school attendance rates in Kuwait and the joint UNICEF/Bahrain initiative to improve pre-school education, UNICEF will promote similar initiatives in other Gulf countries, particularly in Saudi Arabia, where increased access is a priority. This project will support revision of pre-school curricula in three of the five Gulf countries by the end of 2006, and revision of primary-school curricula for grades 1-2 in three of the five Gulf countries by the end of 2006.

34. The **young people's development and participation** programme consists of two projects and targets children 12-18 years of age. It will address the lack of information on the situation of adolescents, as well as the inadequate life skills and minimal opportunities for self-expression among adolescents, with a focus on gender imbalances and related issues. It will also address the need for policy makers and societies at large to provide opportunities for adolescents to participate actively in assessing their own problems and finding their own solutions. UNICEF support will include technical assistance, training and workshops, sharing of experiences within and outside the Gulf area, media campaigns, studies, focus group interviews and other operational research.

35. The *healthy life styles* project will promote curriculum development in secondary education, including concepts of quality education in the context of life skills and civic education. Adolescents will be targeted with messages that promote healthy life styles such as prevention of drug abuse, HIV/AIDS and violence. Given the high fertility rates among adolescent girls in Saudi Arabia and United Arab Emirates, messages about early marriage will be included. Support will be given to studies, surveys and research, where relevant. In Bahrain, support will be given to the development of a media strategy. This project will support revision of the secondary-school curricula, including the introduction of life skills and civic education, in three out of five Gulf countries by the end of 2006; increase the percentage of adolescents having precise knowledge of a number of key messages on life-style issues; and increase knowledge about adolescents' situation, attitudes and practices.

36. The *participation and empowerment* project will advocate for increased opportunities for both adolescent boys and girls to participate in school management and community development, and for participation of adolescents in national planning events, regional and subregional forums and in the media. The role of youth volunteers in the greeting card project in Kuwait will be explored as an entry point for increased participation. The media will target parents, teachers and decision makers to improve their knowledge, attitudes and practices vis-à-vis

adolescents. The project will also promote "adolescent-friendly" legislation, policies and guidelines. It will aim to increase the percentage of parents, teachers and decision makers who can cite a number of key messages regarding adolescents' rights, improve legislation, policies and guidelines regarding adolescents in three out of five Gulf countries, and improve opportunities for adolescent participation.

37. **Cross-sectoral costs** will be used for both staff and non-staff costs, including one international Professional Programme Planning Officer and five General Service staff, operating expenses, office equipment and staff training.

Major partnerships

38. The activities of the Gulf Area programme will be coordinated closely with those of other UNICEF offices in the region, particularly the UNICEF office in Oman. In addition, UNICEF will continue to work closely with the United Nations resident coordinators in Bahrain, Kuwait, Saudi Arabia and United Arab Emirates. UNICEF also will continue to strengthen alliances with a number of governmental and non-governmental partners.

39. The Gulf countries do not qualify for UNICEF regular resources as their indicators for GNI and U5MR exceed the thresholds established by the Executive Board. Apart from a modest contribution from the UNICEF support budget, all funding for programmes and operational costs will be covered by other resources, which to a large extent will have to be provided by the Governments themselves, which have expressed the need for UNICEF to continue to maintain a presence in the subregion. Private sector and non-governmental funding will also be an important source for other resources.

40. The Gulf countries have been making important contributions to global regular resources and to other resources earmarked for other countries. The Governments of Saudi Arabia and United Arab Emirates have contributed substantial sums to regular resources for many years. Among the non-governmental donors in the Gulf, AGFUND continues to be a prominent contributor to other resources for other countries.

41. Building on lessons learned and as its work in the subregion becomes more active and visible, UNICEF will continue fund-raising in the subregion so that it can realize its full potential. A fund-raising strategy will accompany the 2004-2006 programme of cooperation. UNICEF will continue to use greeting card sales in the Gulf area to supporting the programme.

Monitoring, evaluation and programme management

42. The GCC Secretariat General will be the main partner for Gulf-wide coordination of the programme. The five National Childhood Councils/Commissions will coordinate the programme implementation at country level. Line ministries will be the main partners in planning and implementing specific projects.

43. Three-year master plans of operations and annual project plans of action will be agreed upon by UNICEF and its partners in each of the five countries. The project plans will be developed together with line ministries and other partners based on the objectives of the programme of cooperation and on recommendations from annual reviews, with appropriate revisions as a result of changes in the funding situation or changes in priority needs. The second annual review, scheduled for the

end of 2005, will serve as a mid-term review and provide essential inputs for relevant changes in the programme, and for suggestions for future cooperation.

44. A 2004-2006 integrated monitoring and evaluation plan will be developed, as will annual monitoring and evaluation plans. Requirements for research, studies, surveys and evaluations will be identified on the basis of the programme objectives and indicators. The programme will also assist in strengthening national monitoring systems that will integrate these indicators.

45. Programme interventions in the five countries will be coordinated by the Gulf Area Office in Riyadh where the UNICEF Representative, the Programme Planning Officer and the National Officer in charge of ECCD will be based, supported by General Service staff. One international Professional Programme Officer will be based in Bahrain and one in Qatar, both reporting to the Gulf Area Office. Except for the Representative and three General Service staff, all staff including three international Professionals will be funded from other resources. The Private Sector Division may decide to assign staff to the Gulf Area for fund-raising, including an international Professional.